

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

33933

## 1. PLACE OF DEATH

County Cape  
Township Jefferson  
City St. Louis (No. 16)

Registration District No. 6042  
Primary Registration District No. 5542

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 11 mos. 13 ds. How long in U. S., if of foreign birth? yes yrs. no ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

wife6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29-1865

7. AGE YEARS 67 MONTHS 11 DAYS 13 If LESS than 1 day, hrs. or min. X

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work

10. Date deceased last worked at this occupation (month and year) Oct. 17, 33 11. Total time (years) spent in this occupation Life time

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett, Mo13. NAME John Guzik14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Went Know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Henry Abel, Belle, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Kennett DATE 10-15-3319. UNDERTAKER (ADDRESS) G. L. Licklider, Belle, Mo.20. FILED Nov 10, 33 Leann Johnson Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13-193322. I HEREBY CERTIFY, That I attended deceased from Oct. 5-1933 to Oct. 13-1933I last saw her alive on Oct. 12, 1933 Death is saidto have occurred on the date stated above, at 10:50 p.m.

The principal cause of death and related causes of importance, were as follows:

Date of onset

Cerebral Hemorrhage 10-5-33  
82A

Other contributory causes of importance: 82A

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Symptoms as there an autopsy? no23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) M. R. Russell M. D.(Address) Belle, Mo.

MAR 3 1955